PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 10/800654 CLAIMS AS FILED - PART I SMALL ENTITY (Column 1) (Column 2) OTHER THAN TOTAL CLAIMS TYPE OR SMALL ENTITY FOA ·RATE FEE RATE FEE NUMBER FILED NUMBER EXTRA BASIC FEE TOTAL CHARGEABLE CLAIMS OR BASIC FEE minus 20= X\$ 25= INDEPENDENT CLAIMS X\$50= OR minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT X100= X200= OR * If the difference in column 1 is less than zero, enter "0" in column 2 +180= OR +360= TOTAL CLAIMS AS AMENDED - PART II OR TOTAL (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR (Column 3) CLAIMS SMALL ENTITY HIGHEST REMAINING ENDMENT NUMBER PRESENT ADDI-**AFTER** PREVIOUSLY ADDI-RATE EXTRA AMENDMENT TIONAL RATE PAID FOR TIONAL Total FEE Minus FEE X\$ 25=Independent X\$50= 3 OB Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= X200= OR +180= +360= OR TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS 8 HIGHEST REMAINING AMENDMENT NUMBER PRESENT ADDI-AFTER PREVIOUSLY ADDI-**AMENDMENT** RATE **EXTRA** PAID FOR TIONAL RATE TIONAL Total FEE Minus FEE X\$ 25= Independent Minus X\$50= OR ... FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100 =X200= OR +180= OR +360= TOTAL TOTAL ADDIT, FEE OR ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING AMENDMENT NUMBER AFTER PRESENT ADDI-PREVIOUSLY ADDI. AMENDMENT **EXTRA** RATE TIONAL PAID FOR RATE TIONAL Total FEE Minus FEE Independent X\$ 25=X\$50= Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= X200= OR +180= +360=

BEST AVAILABLE COPY

PTOISBAS (08-proved for use through 7/31/2006, OMB 0651-04 mark Office; U.S. DEPARTMENT OF COLLIGER dism unless it denders Approved for use then Under the Papersoni, Reduction Act of 1995, so persons are required to respond to a callection of information unless it displays a vaid OLO control number. PATENT APPLICATION FEE DETERMINATION RECORD 00,654 Substitute for Form PTO-875 CLAIMS AS FILED - PART ! OTHER THAN SMALL ENTITY (Column 1) (Column 2) OR SHALL ENTITY MUMBER FRED MUMBER EXTRA RATE FEE BASIC FFF RATE FFF 07 CFR L16(4)) :Z2008 TOTAL CLAMS OR (D7 CFR L16(c)) enimus 20 = OR (07 CFR 1.16(b)) XE MULTIPLE DEPENDENT CLASH PRESENT 67 CFR 1,16651 e OR ullet if the difference in column 1 is less than zero, enter ullet in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR CALLS NIGHEST REMAINING MUMBER PRESENT RATE ENT AFTER RATE ACOI-PREVIOUSLY **EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE Total (27 CFR 1.16(cp) FEE AMENDM X S OR Minus CL CLU FARM Ø X 1 OR FIRST PRESENTATION OF MALTPLE DEPONDENT CLAN. (A7 CFR LIKE) +1 OR 2-16 clm canceled TOTAL ADD'L FEE ADO'L FEE (Column 1) CLAMS α HIGHEST REMAINING NUMBER PRESENT RATE ADDL RATE AFTER PREVIOUSLY ADDL **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (IF OFR LNG) ₹ Ø X S Ö X S OR 2 X FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d)) 770.08 OR -16 Clms Cancelect TOTAL TOTAL ADD'L FEE ADD'L FEE 17-20 OR new closs added (Column 2) (Column 3) 8-24-06 CIANS HIGHEST O REMAINING PRESENT AT MOREO RATE ADDI RATE 四十二 ADOL AFTER PREVIOUSLY EXTRA . TIONAL TIONAL MENDMENT PAID FOR PEE FEE. Total 20 Minus X S OR 品 Mirca 3 OR FIRST PRESENTATION OF MALTPLE DEPOSIDENT CLASS. (\$7 CFR 1.48(4)) OR TOTAL TOTAL ADO'L FEE ADD'L FEE

" If the entry in column 1 is less than the entry in column 2, write "O" in column 3, "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a baneful by the public which is to file (and by the USPTO to process) an application. Confidentality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form entire suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.